

12/30/99



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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	RCA 89,893
	First Inventor or Application Identifier	Lynch
	Title	Ratings control system with...
	Express Mail Label No.	EL278372226US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 11] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>		6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]		<b>ACCOMPANYING APPLICATION PARTS</b>	
4. Oath or Declaration [Total Pages ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li></ul></li></ul>		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
<b>* NOTE FOR ITEMS 1 &amp; 3: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.37), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.38).</b>		8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)	<input type="checkbox"/> Power of Attorney
		9. <input type="checkbox"/> English Translation Document (if applicable)	
		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
		11. <input type="checkbox"/> Preliminary Amendment	
		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		13. <input type="checkbox"/> Small Entity Statement(s) filed in prior application. (PTO/SB/09-12) Status still proper and desired	
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		15. <input type="checkbox"/> Other:	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____
Prior application information: Examiner _____			Group / Art Unit: _____

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below
Name	Joseph S. Tripoli Thomson Multimedia Licensing Inc.	
Address	PO Box 5312	
City	Princeton	State NJ Zip Code 08543-5312
Country	USA	Telephone 609-734-9443 Fax 609-734-9700

Name (Print/Type)	Robert D. Shedd	Registration No. (Attorney/Agent)	36,269
Signature	<i>Robert D. Shedd</i>	Date	12/30/99

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**FEE TRANSMITTAL  
for FY 1999**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.**TOTAL AMOUNT OF PAYMENT** (\$768.00)**Complete if Known**

Application Number	n/a
Filing Date	Herewith
First Named Inventor	Lynch
Examiner Name	n/a
Group / Art Unit	n/a
Attorney Docket No.	RCA 89,893

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
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Deposit  
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07-0832

Thomson multimedia

Licensing Inc.

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- Fee Required Under
- 
- 37 CFR 1.16 and 1.17

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- ☐
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Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

101	760	201	380	Utility filing fee	690
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

Fee Paid

**SUBTOTAL (1)** (\$) 690**2. EXTRA CLAIM FEES**

Total Claims	13	-20**	= 0	X	0	= 0
Independent Claims	4	-3**	= 1	X	78	= 78
Multiple Dependent			= 0	X	0	= 0

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$) 78**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	

Fee Paid

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) \_\_\_\_\_**SUBMITTED BY**Typed or  
Printed Name Robert D. Shedd

Signature

Robert D. Shedd

Date

12/30/99

**Complete (if applicable)**

Reg. Number 36,269

Deposit Account  
User ID

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